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GUEST EDITORIAL

Kate Rowland, MD, MS, FAAFP
Associate Professor and Vice Chair for Education, Department of Family and Preventive Medicine, Rush University, Chicago

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jfp.eic@mdedge.com

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Feeling disconnected? Focus on what you *can do*

This is the exciting time of year when we graduate new classes of medical students and residents. Med school graduation brings mixed emotions; the new doctors and I both know residency will bring growth and challenges. Residency graduation is a wistful passage as well. It is so rewarding to welcome the newly board-certified family physicians to family medicine, but we miss them even as we orient a new class.

Every year, a few months (or even a few years) after graduation, I hear from a former resident, sometimes several. They ask to talk and, although it can be hard for them to explain exactly the ennui and disillusionment they're feeling, their concerns boil down to: *Is this all there is*?

If what you're doing isn't working for you, look for opportunities (big or small) that make it better.

They are not burnt out, exactly, but they were hoping for more from their careers in family medicine.[1] They find their hopes and expectations are not fulfilled by seeing patients in the office 8 hours per day, 4.5 days per week. Even those who report rewarding relationships with patients express less overall enthusiasm for jobs they were excited to start just months or years earlier.

Some of the difficulties I hear the graduates report are expected growing pains. It is a transition to go from supervised practice with attending backup to a setting where you are on your own, typically with a 4-fold increase in volume compared with residency. But the monotony is real for family physicians in full-time outpatient practice.

Research suggests an expanded scope of practice—including hospital medicine, obstetrics, and procedures—is associated with physician well-being.[2,3] A broad scope of practice can bring stress, but it also brings meaning, and that meaning is protective to *our* well-being. However, a robust scope of practice is not always supported by medical groups or hospital systems, who prefer a more compartmentalized, widgetized physician.[4] It would be easier for their algorithms if family physicians picked a lane and stayed in it. Alas, the broader our scope of practice, the healthier our population, the more equitable our care,[5,6] and the happier our physicians.

The disconnect and hopelessness experienced by family physicians is more concerning. Many of my graduates report feeling disconnected from their patients, because they begin to feel disillusioned by the demands and requests that practice and patients place on them. The paperwork, "permission slips," and requests for tests and studies not only feel overwhelming and exhausting but also create distance between physicians and patients.[7] We want to help our patients, so we do the forms and order the tests. As the quantity of forms, slips, and requests adds up, we begin to feel resentful at what the forms take away: time with our patients, perhaps, or time with our families. We get angry at the forms and the "asks," and then begin to get angry at the patients simply for having needs. Administrative burden is a hassle, but it is also insidiously destructive.[8]

Family physicians confront hopelessness when, day after day, we diagnose problems that no physician is likely to fix in a single office visit: chronic stress, family dysfunction, violence, unemployment, poverty, racism, loneliness, and the hopelessness of the patients themselves. This is not to say that we ignore these concerns or their impact on health. It is because we see and feel them, and deeply understand their consequences for our patients, that we grow frustrated with the lack of solutions.[9,10]

Thankfully, we have strong teams working at the policy level to improve the primary care and public health infrastructure so that we can maintain some hope that it will be better in the future. Sometimes when I counsel a former resident, they decide to join those teams so that they can work on the solutions. Others decide to expand their scope of practice. Others seek out virtual scribes to streamline charting and regain time. Some build better boundaries with their EHR inboxes.

The key is figuring out what we *can do* and making peace with our limits. When disillusionment hits, what we *can do* includes seeking connection and social contact and remembering that we are not trapped in our situation, even if we are practicing in a less-than-functional health care system. There are many ways to "be" a family physician—if what you're doing isn't working for you, look for opportunities (big or small) that make it better. We can all reach out to coaches, therapists, colleagues, and friends for support to remain steadfast in our purpose as family physicians. This support and the power of change means that from residency to the latter parts of our careers, we will continue to bring the tremendous good of family medicine to the communities we serve. JFP

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